

### DMR Copy of Record

**Permit**

Permit #:   
 Major: Yes No

Permittee:   
 Permittee Address: Attn:   
 Facility:   
 Facility Location: Attn:

**Permitted Feature:**

Discharge: -

**Report Dates & Status**

Monitoring Period: From // - From // to To // - //

DMR Due Date: // - //   
 Status:

**Considerations for Form Completion**

**Principal Executive Officer**

First Name:   
 Last Name:   
 Title:

Telephone:

**No Data Indicator (NODI)**

Form NODI: --

Parameter Code	Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading				Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
X	-- Sample																
	Effluent Trading Sample																
	Permit Req.																
	Value NODI																

**Submission Note**

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

**Edit Check Errors**

Parameter Code	Name	Monitoring Location	Field	Type	Description	Acknowledge
- Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.					Yes
	You have selected units that are different from the units established by your Regulatory Authority. Please contact your Regulatory Authority to discuss the selection of any alternative units.					

No errors.

**Comments**

**Attachments**

Name	Type	Size
No attachments.		

**Report Last Saved By**

User:   
 Name:   
 E-Mail:   
 Date/Time: (Time Zone: )

**Report Last Signed By**

User:   
 Name:   
 E-Mail:   
 Date/Time: (Time Zone: )